

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012795

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 45

300
1-57

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union Twp.		c. CITY OR TOWN Rural Benton Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dowell Boarding		d. STREET ADDRESS (If outside, give location) ---	
Length of stay in lb Home 1 Yr.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Christopher Columbus Pettit		4. DATE OF DEATH Month May Day 4 Year 1959	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22 1874
9. AGE (In years last birthday) 85		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	
11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Henry Pettit		13b. MOTHER'S MAIDEN NAME Elizabeth McCall	
14. NAME OF HUSBAND OR WIFE Elizabeth Pettit		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Boarding Home Records, Gallatin Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arterial Sclerosis Chronic Nephritis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4.201			INTERVAL BETWEEN ONSET AND DEATH 30 min 2 yrs
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at May 4 1959 to May 4 1959 and last saw him alive on May 4 1959		22a. SIGNATURE H Bailey (Degree or title) D.D. 2	
22b. ADDRESS Gallatin, Mo.		22c. DATE SIGNED May 4 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 6 1959	
23c. NAME OF CEMETERY OR CREMATORY McFall Cemetery		23d. LOCATION (City, town, or country) (State) McFall Missouri	
24. FUNERAL DIRECTOR A.O. Dickerson ADDRESS Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-59	
26. REGISTRAR'S SIGNATURE August Engelhart			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. NO SYMPTOMS WILL BE LISTED. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Ballantyne, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.